

Child and Adult Care Food Program



Claim for Reimbursement Instructions

October 2003

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Child Nutrition Fiscal Services
Fiscal and Administrative Services Division
California Department of Education
October 2003

This booklet was produced by the Child Nutrition Fiscal Services (CNFS) Unit of the Fiscal and Administrative Services Division (FASD), California Department of Education (mailing address: 1430 N. Street, Suite 2213, Sacramento, CA 95814). Comments regarding the content of this booklet should be directed to Mario Esbri, Manager, CNFS, Fiscal And Administrative Services Division at (916) 324-2452. For clarification on instructions, call (916) 322-8312.

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Introduction

The Child and Adult Care Food Program plays a vital role in improving the quality of day care and making it more affordable for many low-income families. Each day, 2.6 million children receive nutritious meals and snacks through this federally funded program. This program also provides meals and snacks to 74,000 adults who receive care in nonresidential adult day care centers. The Child and Adult Care Food Program reaches out to provide meals to children residing in homeless shelters and to provide snacks and suppers to youths participating in eligible after school care programs. California's Child and Adult Care Food Program is administered by the California Department of Education.

Once approved to participate in the Child and Adult Care Food Program, a claim preparer for each sponsor must submit a monthly Claim for Reimbursement to receive payment for meals served. Instructions and sample worksheets are provided in this booklet to assist the claim preparer in completing the claim form. If the preparer has any questions related to completing a claim or receiving payments, he or she may contact the Child Nutrition Fiscal Services Unit at (916) 322-8312.

For specific details related to allowable operating and administrative costs, program income, and meals, the claim preparer can refer to administrative manuals for child care centers or day care home sponsors or contact his or her field consultant.

Terminology and Definitions

actual data. The reportable data for which the sponsor has supporting documentation at the time of claim submission. All data reported on the claim for reimbursement must be actual data.

adjusted claim. Any claim that the sponsor submits with any changes of data, subsequent to the sponsor's original claim. Claims submitted subsequent to the original claim that are required by the state as a result of an audit or administrative review are excluded from this category (see "audited claim").

Administrative Review for Child Care Centers. The administrative review assesses a Child Care Center's compliance with all governing federal and state regulations by observing program operations and examining program records.

Administrative Review for Day Care Homes. The administrative review assesses a Day Care Home's compliance with all governing federal and state regulations by observing program operations and examining program records.

Annual Participation Statement (APS). The annual renewal document sent to sponsors by Nutrition Services Division (NSD) requesting program participation information.

audited claim. Corrections or changes made to a previously submitted claim as required by the state as a result of the findings of an audit.

CAP (Corrective Action Plan). The form used to request a one-time only exception that must include a detailed explanation of the problem contributing to the lateness of a claim for reimbursement and the actions being taken to avoid future late claim submissions (see Appendix A-9).

cash advance. Payments made in advance of the claim reimbursements to improve cash flow.

Claim for Reimbursement. A child nutrition request for reimbursement submitted by a participating agency (sponsor) to the state for payment (see appendixes A-10 through A-13 for claim samples).

claim month. The month for which data reported on the claim were collected.

claim submission deadline. The final date that a claim may be accepted for consideration of payment; that is, the twentieth (20th) day of the second month after the claim month. The final date must be officially postmarked by the United States Post Office (see Appendix A-1, Claim Submission Deadlines).

CNFS (Child Nutrition Fiscal Services). The Child Nutrition Fiscal Services Unit in the California Department of Education (CDE) that is responsible for processing the child nutrition claims for reimbursement.

corrected claim. A claim resubmitted by the sponsor after it was returned by the state for corrections. A corrected claim can also be the claim produced by a sponsor when the state advises the sponsor by telephone that a claim must be corrected before it can be processed. All changes to claims must be made by the claim preparer and certified by an original signature by the authorized official for the sponsor. Corrected claims are annotated by the preparer as such on the top or center of the claim in bold print.

FASD (Fiscal and Administrative Services Division). A division in the California Department of Education that provides accounting, budgeting, contracting, fiscal, and support services to the Department staff.

NSD (Nutrition Services Division). The division in CDE that administers the USDA Food and Nutrition Services (FNS) Child Nutrition Programs and the Food Distribution Program in California.

original claim. The first claim submitted by a sponsor to the State for a particular month.

postmark. The postmark must be an official United States Post Office postmark. The postmark will determine if a claim has been submitted within the claim submission deadline.

Site Change Request. A request submitted to NSD to change program participation or to add or drop sites. A representative for a sponsor may contact NSD for a Site Change Request form.

sponsor. An agency or district that is approved for and participating in child nutrition programs.

state agency. The state educational agency designated by the Governor or other appropriate executive or legislative authority of the state and approved by the USDA to administer nutrition programs in the state. The CDE is the state agency that administers nutrition programs for California.

USDA (United States Department of Agriculture). A government agency that works with CD to increase food security and reduce hunger by providing children and low-income people access to food, a healthful diet, and nutrition.

zero claim. The claim submitted to CNFS for a month of non operation by a CACFP sponsor.

Claim Submission Deadline Policy

To be entitled to reimbursement, a claim preparer for each sponsor must submit a monthly claim for reimbursement and one photocopy, that includes data in sufficient detail to justify the reimbursement claimed. The data must include, at a minimum, the number of free meals, reduced-price meals, and paid meals served; and an authorized agent or district official of the sponsor must sign the claim. All claims submitted must include an agreement number *and* an original signature to be considered a valid claim. Faxed claims will not be accepted.

All claims (original and adjusted) must be postmarked by the twentieth (20th) day of the second month following the month claimed to be considered for payment (see Appendix A-1 for claim submission deadlines). For example, a July claim must be postmarked by September 20. If the twentieth day falls on a holiday or weekend, the deadline will be the next working day. Claims submitted after the deadline cannot be processed, except as described on page 7, "Late Claims". Mail claims to:

California Department of Education
Child Nutrition Fiscal Services
1430 N. Street, Suite 2213
Sacramento, CA 95814

Corrected claims must be returned to Child Nutrition Fiscal Services (CNFS) no later than the tenth (10th) day of the third month following the month claimed to be considered for payment. For example, a July claim correction must be received by October tenth. The submission deadline for audited claims is established by the state on a case-by-case basis.

NOTE: Sponsors should not use certified mail for the submission of claims to CNFS, because using certified mail could delay the processing of the sponsor's claim. To receive verification of the receipt of a claim, the claim preparer must enclose a self-addressed, stamped postcard noting the agency name, agreement number, claim month, and whether the claim is original or adjusted. If this postcard is enclosed with the sponsor's claim and submitted to CNFS by regular US mail, the postcard will be signed, dated and returned to the sponsor. If certified mail is used, it must be addressed to the street address below. ***The Department cannot be held responsible for certified mail that is misdirected by the United States Postal Service.***

Sponsor representatives are not encouraged to personally deliver claims. However, if claims are delivered personally, they must be delivered to:

California Department of Education
Child Nutrition Fiscal Services
1430 N Street, Room 2213
Sacramento, CA 95814

Personally delivered claims must be date stamped at the mail desk to be valid.

As a courtesy, approximately 50 days after the end of a claim month, CNFS sends a Notice of Delinquent Claim to each sponsor from which CNFS has not received a claim.

Late Claims

There are two types of adjusted claims that can be submitted after the claim submission deadline:

1. Changes to meal data that result in no increase in reimbursement.
2. Downward adjusted claims. An adjusted claim must be submitted to correct an error that resulted in the sponsor being overpaid.

Adjusted claims that are received after the claim submission deadline and result in an increase in reimbursement cannot be processed. Upward adjusted claims received after the deadline for submission will automatically be rejected for payment and will be returned to the sponsor unless the reasons for a late submission meet one or more of the criteria described below.

A late claim may be considered for payment in the following three instances:

1. **Administrative Review of Child Care Centers or Day Care Homes.** Adjusted claims submitted to correct errors discovered on an earlier claim by an independent audit or a review. The sponsor's authorized agent or representative must explain the circumstances surrounding the discovery of the errors and must transmit a copy of the audit or review report with the adjusted claim. **Note:** Unless the error is noted in an independent audit or review report, additional payment cannot be approved.
2. **One-time exception.** The state agency may grant a one-time exception when a sponsor has *not* been granted an exception during the previous 36 months. To receive a one-time exception, a sponsor must submit an acceptable Corrective Action Plan (CAP) to the state agency (see Appendix A-9 for the CAP outline). A CAP must include the following items:
 - A detailed explanation of the problems contributing to the lateness
 - Actions being taken to avoid future late claim submissions
 - A statement to the effect that the sponsor understands that if this exception request is granted, the one-time exception will be made by NSD based on the acceptability of the CAP
 - Signatures of the claim preparer and a sponsor's authorized district or agency official, who must be an employee of the district or agency.
3. **Late claims approvable only by USDA.** A late claim may be approved for payment by USDA if it meets one of the four exception criteria listed below:

Major breakdowns in mechanical processing accompanied by an inability to manually process the data; for example, a major data processing failure

Natural catastrophes coupled with the sponsor's inability to manually process the data; for example, floods or earthquakes that destroy records, equipment, or facilities

Unusual postal delays that are verified by a postal receipt or other specific verification from the postal service

Death or severe illness of key staff members in situations where *it is not possible* to assume the sponsor could have used backup staff members.

The request for a USDA exception must include the claim and a letter that demonstrates that the reason for missing the claim submission deadline was *clearly beyond the claim preparer's control*. The letter must explain in detail the extenuating circumstances that made it impossible to meet the deadline and that the deadline was not missed because of negligence, oversight, or workload backlog. Requests for a USDA exception must be submitted by CNFS. Requests deemed to meet USDA's criteria will be forwarded by CNFS for approval. Please submit requests to:

California Department of Education
Child Nutrition Fiscal Services
1430 N. Street, Suite 2213
Sacramento, CA 95814

Address Changes and Labels

Each sponsor is provided with enough labels to submit claim for reimbursement forms for one year and a new supply is provided each year. The labels should be checked for accuracy when they are received. If corrections are needed, a sponsor representative must attach a label to district or agency letterhead, type or print the correct information, and submit the corrections to:

California Department of Education
Nutrition Services Division
Resources and Information Management Unit
1430 N Street, Suite 1500
Sacramento, CA 95814

If a sponsor's address changes, a sponsor representative must contact the IRS at (877) 829-5500, or by fax (513) 263-3756. The IRS will update the information by telephone and fax the sponsor a revised IRS Determination Letter the same day.

Sponsor representatives may contact the IRS by way of mail; the address is:

Internal Revenue Service
TEGE Division, Suite 400
P.O. Box 2508
Cincinnati, OH 45201

Once the sponsor has the IRS Determination Letter, a representative may fax it to the Resources and Information Management Unit (RIM) of the Nutrition Services Division at (916) 445-4842, or mail it to the above California Department of Education address.

Reimbursement Instructions for Fixed Percentage Claiming Method

This section was prepared for and is directed to sponsors' claim preparers to help them complete claims for reimbursement using the Fixed Percentage Claiming Method.

Enter the program information for only one **claim month** in items 1 through 10. This information should cover only the program operations for that month unless it is the first or last month of program operations in any fiscal year and contains 10 or fewer operating days; such a month may be added to the Claim for Reimbursement for the appropriate adjacent month. However, claims for reimbursement may not combine operations occurring in two fiscal years.

All the data submitted on the Claim for Reimbursement must be actual data. The Department reserves the right to hold a claim for further investigation if its claiming patterns suggest that estimated data are being submitted.

An error or omission on any of the following items may cause a claim to be rejected, resulting in delays in processing the claim and the receipt of reimbursement. See Appendix A-10 for a sample of the Claim for Reimbursement: Child and Adult Care Food Program, Fixed Percentage Claiming Method (CACFP-F).

- Item 1. **Agreement Number, Name and Address:** Place a preprinted label in the space provided on the original claim form. The labels provided by CDE are for use on the claim for reimbursement only. If the sponsor runs out of labels, type or print the agreement number, name, and address in the space provided. Name or address changes must be approved by the NSD before use on the claim form.
- Item 2. **Month/Year:** Enter the two-digit month and four-digit year the claim covers, *not* the month the claim was prepared. The month and year must be reported numerically as shown in the following examples:

December 2003 = 122003 January 2004 = 012004

- Item 3. **Claim Type:** Mark the appropriate box. One box must be checked.
- A. An original claim** is the first claim that is submitted to CNFS for a claim month. Actual data must be reported. No estimates or projections will be accepted. An original claim returned to a sponsor by CNFS for correction is still an original claim when resubmitted. Please indicate a resubmitted claim by writing the word "correction" on the top of the corrected claim form.
- B. An adjusted claim** is any claim that is submitted subsequent to the original claim containing verified changes to previously reported data. The figures on an adjusted claim replace the originally reported figures. The claim preparer

must complete the *entire* claim to reflect both the data that have changed and the data that have remained as originally reported. If previously reported data need to be deleted, please indicate this by placing a zero in the appropriate space. In addition, complete items 1, 2, and 3B and complete the certification section.

Note: A sponsor may submit only two adjusted claims per claim month. Adjusted claims that reflect increases in meals served must be submitted by the claim submission deadline.

C. No reimbursement will be claimed this month (zero claim) refers to those months the program is inactive and no reimbursement is being claimed. Completion of items 1, 2, and 3C and the completion of the certification block are required. A zero claim must be completed and submitted for each inactive month. Sponsors temporarily closed for the summer or for several consecutive months may submit zero claims in advance.

Item 4. **Do not complete.** This item is for CDE use only.

Item 5. **Do not complete.** This item is for CDE use only.

Item 6. **Number of Approved Sites That Operated This Month:** Enter the number of approved active sites for the claim month. To be considered active, a site must serve at least one meal during the claim month. The number of sites claimed cannot exceed the number of sites approved by NSD. All site additions and deletions must be approved by submitting a Site Change Request Form before claiming reimbursement.

Item 7. **Program Enrollment.** Completed section must be completed on the October claim or on the claim for the first month of operation in the fiscal year (October through September) using the sponsor's participation eligibility roster for each center for that month. The Child Nutrition Fiscal Services Unit will calculate a percentage for each eligibility category on the basis of the enrollment eligibility data. The percentages established will become the fixed percentage for the fiscal year.

A sponsor must report new enrollment data during a fiscal year when (1) the sponsor adds an approved site; (2) the average daily participation exceeds previously reported enrollment; or (3) a reporting error has been identified.

When adding a new site during the fiscal year, a sponsor is required to combine the enrollment data from the new site with your previously reported enrollment figures.

The sponsor may report new enrollment data any time the new data are deemed by the sponsor's representative to be financially advantageous.

Number of participants eligible for free meals: Enter the number of participants who have current, approved eligibility applications on file for free meals.

Number of participants eligible for reduced-price meals: Enter the number of participants who have current, approved eligibility applications on file for reduced-price meals.

Number of participants eligible for base-rate meals: Enter the number of participants who are *not* approved for free or reduced price meals.

Total: Enter the total number of participants who are enrolled in the program during the claim month. Include all the participants with enrollment or eligibility forms on file who ate at least one meal during the month. The total enrollment must equal the sum of eligible free meals, reduced-price meals, and base-rate meals served to participants.

Item 8. **Number of Days Program Meals Were Served This Month:** Enter the number of days that program meals were served during the claim month. If reporting as a sponsoring organization, enter the highest number of days of service by any one site.

Item 9. **Average Daily Participation:** Use the daily meal count records for all the approved sites to add up the number of participants who consumed at least one meal or supplement in the claim month, and divide the total by the highest number of days that food was served.

Example: A total of 863 participants divided by 21 days equals 41.1. Round up to 42. For this example, the figure 42 would be entered in item 9.

Always round the average daily participation up to the nearest whole number.

Item 10. **Meals Served:** Report the total number of documented meals served at each center during the calendar month according to meal type (breakfasts, lunches, suppers, and supplements). This reporting method requires a head count at each meal service.

Certification: Before a sponsor may submit its claim, this section must be completed. Enter the printed name and telephone number of the person preparing the claim and the preparation date. An original signature of an authorized official is required along with his or her name and title. The signature of the authorized representative must be in ink. Only original signatures will be accepted.

A claim will be returned for correction if it is not properly completed. Place an original signature on the claim before mailing it to avoid delays in receiving reimbursement. The official who is authorized by the agency to sign the claim is responsible for reviewing and analyzing meal counts *before submission* to ensure accuracy.

Special note: An adjusted claim for reimbursement completely voids all previously submitted data for the same claiming period. Therefore, when submitting an adjustment, a sponsor must report all data whether there has been a change or not.

If the sponsor's representative chooses to manually determine the federal and state reimbursement earned for the month, he or she can complete the Monthly Reimbursement Calculation Worksheet, Appendix A-5. The worksheet does not need to be submitted with the claim; it is for reference only.

Reimbursement Instructions for Actual Count Claiming Method

This section was prepared for and is directed to sponsors' claim preparers to help them complete claims for reimbursement using the Actual Count Claiming Method.

The claim preparer must enter the program information for only one *claim month* in items 1 through 10. This information should cover the program operations for that month only, unless it is the first or last month of program operations in any fiscal year and contains 10 or fewer operating days; such a month may be added to the Claim for Reimbursement for the appropriate adjacent month. Claims for Reimbursement, however, may not combine operations occurring in two fiscal years.

All the data submitted on the claim for reimbursement must be actual data. The Department reserves the right to hold a claim for further investigation if its claiming patterns suggest that estimated data are being submitted.

An error or omission on any of the following items may cause a claim to be rejected, resulting in delays in processing the claim and the receipt of reimbursement. See Appendix A-11 for a sample of the Claim for Reimbursement: Child and Adult Care Food Program, Actual Count Claiming Method (CACFP-A).

The sponsor's claim preparer must follow these instructions for reporting meal data and submitting a claim for reimbursement to the CNFS office:

Item 1. **Agreement Number, Name and Address:** Place a preprinted label in the space provided on the original claim form. The labels provided by CDE are for use on the claim for reimbursement only. If the sponsor runs out of labels, type or print the agreement number, name, and address in the space provided. Name or address changes must be approved by the NSD before use on the claim form.

Item 2. **Month/Year:** Enter the two-digit month and four-digit year the claim covers, *not* the month the claim was prepared. The month and year must be reported numerically as shown in the following examples:

December 2003 = 122003 January 2004 = 012004

Item 3. **Claim Type:** Mark the appropriate box. One box must be checked.

C. An original claim is the first claim that is submitted to CNFS for a claim month. Actual data must be reported. No estimates or projections will be accepted. An original claim returned to a sponsor by CNFS for correction is still an original claim when resubmitted. Please indicate a resubmitted claim by writing the word "correction" on the top of the corrected claim form.

- D. An adjusted claim** is any claim that is submitted subsequent to the original claim containing verified changes to previously reported data. The figures on an adjusted claim replace the originally reported figures. The claim preparer must complete the *entire* claim to reflect both the data that have changed and the data that have remained as originally reported. If previously reported data need to be deleted, please indicate this by placing a zero in the appropriate space. In addition, complete items 1, 2, and 3B and complete the certification section.

Note: A sponsor may submit only two adjusted claims per claim month. Adjusted claims that reflect increases in meals served must be submitted by the claim submission deadline.

- E. No reimbursement will be claimed this month (zero claim)** refers to those months the program is inactive and no reimbursement is being claimed. Completion of items 1, 2, and 3C and the completion of the certification block are required. A zero claim must be completed and submitted for each inactive month. Sponsors temporarily closed for the summer or for several consecutive months may submit zero claims in advance.

Item 4. **Do not complete.** This item is for CDE use only.

Item 5. **Do not complete.** This item is for CDE use only.

Item 6. **Number of Approved Sites That Operated This Month:** Enter the number of approved active sites for the claim month. To be considered active, a site must serve at least one meal during the claim month. The number of sites claimed cannot exceed the number of sites approved by NSD. All site additions and deletions must be approved by submitting a Site Change Request Form before claiming reimbursement.

Item 7. **Program Enrollment:** Complete this section monthly for each eligibility category. The figures entered are to match the participant eligibility roster for the month.

Number of participants eligible for free meals: Enter the number of participants with current approved eligibility applications on file for free meals. These applications should be counted each month.

Number of participants eligible for reduced-price meals: Enter the number of participants with current approved eligibility applications on file for reduced-price meals. These applications should be counted each month.

Number of participants eligible for base-rate meals: Enter the number of participants who are *not* approved for free or reduced price meals. This count should be made each month.

Total: Enter the total number of enrolled participants in the program during the claim month. Include all participants with enrollment or eligibility forms on file who ate at

least one meal during the month. The total enrollment must equal the sum of eligible free, reduced price and base rate participants.

- Item 8. **Number of Days Program Meals were Served this Month:** Enter the number of days that program meals were served during the claim month. If reporting as a sponsoring organization, enter the highest number of days of service by any one site.
- Item 9. **Average Daily Participation:** Use the daily meal count records for all the approved sites to add up the number of participants who consumed at least one meal or supplement in the claim month and divide the total by the highest number of days that food was served.
*Example: 863 participants divided by 21 days equals 41.1. Round **up** to 42. For this example, the figure 42 would be entered in item 9.*

Always round the average daily participation up to the nearest whole number.

- Item 10. **Meals Served:** Enter the number of documented meals served during the month by approved eligibility category and the meal type. The total number of meals for each meal type must equal the sum of the free meals, reduced-price meals, and base-rate meals served to participants. The meals claimed when using the Actual Count Claiming Method must be documented in daily meal count reports, which correctly identify each participant by name, eligibility category, and meal type received.

Certification: Before a sponsor may submit its claim, this section must be completed. Enter the printed name and telephone number of the person preparing the claim and the preparation date. An original signature of an authorized official is required along with his or her name and title. The signature of the authorized representative must be in ink. Only original signatures will be accepted.

A claim will be returned for correction if it is not properly completed. Place an original signature on the claim before mailing it to avoid delays in receiving reimbursement.

The official who is authorized by the agency to sign the claim is responsible for reviewing and analyzing meal counts *before submission* to ensure accuracy.

SPECIAL NOTE: An adjusted claim for reimbursement completely voids all previously submitted data for the same claiming period. Therefore, when submitting an adjustment, a sponsor must report all data whether there has been a change or not.

If the sponsor's representative chooses to manually determine the federal and state reimbursement earned for the month, he or she can complete the Monthly Reimbursement Calculation Worksheet in Appendix A-6. The worksheet does not need to be submitted with the claim; it is for reference only.

Reimbursement Instructions for Actual Count Claiming Method for Sponsors of Independent Centers

This section was prepared for and directed to the claim preparers of independent centers to help them complete claims for reimbursement using the actual count claiming method.

The claim preparer must enter the program information for only one *claim month* in items 1 through 10. This information should cover the program operations for that month only, unless it is the first or last month of program operations in any fiscal year and contains 10 or fewer operating days; such a month may be added to the Claim for Reimbursement for the appropriate adjacent month. Claims for Reimbursement, however, may not combine operations occurring in two fiscal years.

All the data submitted on the claim for reimbursement must be actual data. The Department reserves the right to hold a claim for further investigation if its claiming patterns suggest that estimated data are being submitted.

An error or omission on any of the following items may cause a claim to be rejected, resulting in delays in processing the claim and the receipt of reimbursement. See Appendix A-11 for a sample of the Claim for Reimbursement: Child and Adult Care Food Program, Actual Count Claiming Method for Sponsors of Independent Centers (CACFP-I).

The sponsor's claim preparer must follow these instructions for reporting meal data and submitting a claim for reimbursement to the CNFS office:

- Item 1. **Agreement Number, Name and Address:** Place a preprinted label in the space provided on the original claim form. The labels provided by CDE are for use on the claim for reimbursement only. If the sponsor runs out of labels, type or print the agreement number, name, and address in the space provided. Name or address changes must be approved by the NSD before use on the claim form.
- Item 2. **Month/Year:** Enter the two-digit month and four-digit year the claim covers, *not* the month the claim was prepared. The month and year must be reported numerically as shown in the following examples:

December 2003 = 122003 January 2004 = 012004

- Item 3. **Claim Type:** Mark the appropriate box. One box must be checked.

F. An original claim is the first claim that is submitted to CNFS for a claim month. Actual data must be reported. No estimates or projections will be accepted. An original claim returned to a sponsor by CNFS for correction is still an original claim

when resubmitted. Please indicate a resubmitted claim by writing the word “correction” on the top of the corrected claim form.

- G. An adjusted claim** is any claim that is submitted subsequent to the original claim containing verified changes to previously reported data. The figures on an adjusted claim replace the originally reported figures. The claim preparer must complete the *entire* claim to reflect both the data that have changed and the data that have remained as originally reported. If previously reported data need to be deleted, please indicate this by placing a zero in the appropriate space. In addition, complete items 1, 2, and 3B and complete the certification section.

Note: A sponsor may submit only two adjusted claims per claim month. Adjusted claims that reflect increases in meals served must be submitted by the claim submission deadline.

- H. No reimbursement will be claimed this month (zero claim)** refers to those months the program is inactive and no reimbursement is being claimed. Completion of items 1, 2, and 3C and the completion of the certification block are required. A zero claim must be completed and submitted for each inactive month. Sponsors temporarily closed for the summer or for several consecutive months may submit zero claims in advance.

Item 4. **Do not complete.** This item is for CDE use only.

Item 5. **Do not complete.** This item is for CDE use only.

Item 6. **Number of Approved Sites That Operated This Month:** Enter the number of approved active sites for the claim month. To be considered active, a site must serve at least one meal during the claim month. The number of sites claimed cannot exceed the number of sites approved by NSD. All site additions and deletions must be approved by submitting a Site Change Request Form before claiming reimbursement.

Item 7. **Program Enrollment:** Complete this section monthly for each eligibility category. The figures entered are to match the participant eligibility roster for the month.

Number of participants eligible for free meals: Enter the number of participants with current approved eligibility applications on file for free meals. These applications should be counted each month.

Number of participants eligible for reduced-price meals: Enter the number of participants with current approved eligibility applications on file for reduced-price meals. These applications should be counted each month.

Number of participants eligible for base-rate meals: Enter the number of participants who are *not* approved for free or reduced price meals. This count should be made each month.

Total: Enter the total number of enrolled participants in the program during the claim month. Include all participants with enrollment or eligibility forms on file who ate at least one meal during the month. The total enrollment must equal the sum of eligible free, reduced price and base rate participants.

- Item 8. **Number of Days Program Meals were Served this Month:** Enter the number of days that program meals were served during the claim month. If reporting as a sponsoring organization, enter the highest number of days of service by any one site.
- Item 9. **Average Daily Participation:** Use the daily meal count records for all the approved sites to add up the number of participants who consumed at least one meal or supplement in the claim month and divide the total by the highest number of days that food was served.

*Example: 863 participants divided by 21 days equals 41.1. Round **up** to 42. For this example, the figure 42 would be entered in item 9.*

Always round the average daily participation up to the nearest whole number.

- Item 10. **Meals Served:** Enter the number of documented meals served during the month by approved eligibility category and the meal type. The total number of meals for each meal type must equal the sum of the free meals, reduced-price meals, and base-rate meals served to participants. The meals claimed when using the Actual Count Claiming Method must be documented in daily meal count reports, which correctly identify each participant by name, eligibility category, and meal type received.
- Item 11. **Child and Adult Care Food Program Administrative Expenses for this Month:** Report all the allowable costs identified in the agency's administrative budget as approved expenses. (See section 560 in the *Child Care Centers Administrative Manual*). Time-study reports for labor and proration formulas for other costs must be on file. The costs that are shared by CACFP and other funding sources must be prorated to determine the amount chargeable to CACFP. The amount reported must be based on the actual allowable expenses, not on the approved administrative budget allocation or the amount retained for administration. The reported amount may not be less than one dollar and must be rounded to the nearest whole dollar amount.
- Item 12. **Child and Adult Care Food Program Administrative Income for this Month:** Report the amount of government monies (i.e., federal, state, and local, excluding CACFP federal and state reimbursement) restricted to food program costs received for the month, any other funding, and any cash donations specified for CACFP. Include reimbursement for an organization-wide audit in the month in which it is received.

Certification: Before a sponsor may submit its claim, this section must be completed. Enter the printed name and telephone number of the person preparing the claim and the preparation date. An original signature of an authorized official is required along with his or her name and

title. The signature of the authorized representative must be in ink. Only original signatures will be accepted.

A claim will be returned for correction if it is not properly completed. Place an original signature on the claim before mailing it to avoid delays in receiving reimbursement.

The official who is authorized by the agency to sign the claim is responsible for reviewing and analyzing meal counts *before submission* to ensure accuracy.

SPECIAL NOTE: An adjusted claim for reimbursement completely voids all previously submitted data for the same claiming period. Therefore, when submitting an adjustment, a sponsor must report all data whether there has been a change or not.

If the sponsor's representative chooses to manually determine the federal and state reimbursement earned for the month, he or she can complete the Monthly Reimbursement Calculation Worksheet in Appendix A-7. The worksheet does not need to be submitted with the claim; it is for reference only.

Reimbursement Instructions for Day Care Homes

The claim preparer must enter the program information for only one *claim month* in items 1 through 10. This information should cover the program operations for that month only, unless it is the first or last month of program operations in any fiscal year and contains 10 or fewer operating days; such a month may be added to the Claim for Reimbursement for the appropriate adjacent month. Claims for Reimbursement, however, may not combine operations occurring in two fiscal years.

All the data submitted on the claim for reimbursement must be actual data. The Department reserves the right to hold a claim for further investigation if its claiming patterns suggest that estimated data are being submitted.

An error or omission on any of the following items may cause a claim to be rejected, resulting in delays in processing the claim and the receipt of reimbursement. See Appendix A-11 for a sample of the Claim for Reimbursement: Child and Adult Care Food Program, Actual Count Claiming Method for Sponsors of Independent Centers (CACFP-I).

The sponsor's claim preparer must follow these instructions for reporting meal data and submitting a claim for reimbursement to the CNFS office:

- Item 1. **Agreement Number, Name and Address:** Place a preprinted label in the space provided on the original claim form. The labels provided by CDE are for use on the claim for reimbursement only. If the sponsor runs out of labels, type or print the agreement number, name, and address in the space provided. Name or address changes must be approved by the NSD before use on the claim form.
- Item 2. **Month/Year:** Enter the two-digit month and four-digit year the claim covers, *not* the month the claim was prepared. The month and year must be reported numerically as shown in the following examples:

December 2003 = 122003 January 2004 = 012004

- Item 3. **Claim Type:** Mark the appropriate box. One box must be checked.
- I. **An original claim** is the first claim that is submitted to CNFS for a claim month. Actual data must be reported. No estimates or projections will be accepted. An original claim returned to a sponsor by CNFS for correction is still an original claim when resubmitted. Please indicate a resubmitted claim by writing the word "correction" on the top of the corrected claim form.
 - J. **An adjusted claim** is any claim that is submitted subsequent to the original claim containing verified changes to previously reported data. The figures on an adjusted claim replace the originally reported figures. The claim preparer must complete the *entire* claim to reflect both the data that have changed and the data that have remained as originally reported. If previously reported data need to be

deleted, please indicate this by placing a zero in the appropriate space. In addition, complete items 1, 2, and 3B and complete the certification section.

Note: A sponsor may submit only two adjusted claims per claim month. Adjusted claims that reflect increases in meals served must be submitted by the claim submission deadline.

K. No reimbursement will be claimed this month (zero claim) refers to those months the program is inactive and no reimbursement is being claimed. Completion of items 1, 2, and 3C and the completion of the certification block are required. A zero claim must be completed and submitted for each inactive month. Sponsors temporarily closed for the summer or for several consecutive months may submit zero claims in advance.

Item 4. **Do not complete.** This item is for CDE use only.

Item 5. **Do not complete.** This item is for CDE use only.

Item 6. **Number of Days Program Meals were Served this Month:** Enter the number of days that program meals were served during the claim month. If reporting as a sponsoring organization, enter the highest number of days of service by any one site.

Item 7. **Number of Approved Sites That Operated This Month:** Enter the number of approved active sites by tiering category for the claim month. To be active, a site must serve at least one meal during the claim month. The number of sites claimed cannot exceed the number of sites approved by NSD. All site additions/deletions must be approved by submitting a "Site Change Request Form" prior to claiming reimbursement.

Item 8. **Average Daily Participation:** Using daily meal count records for all approved sites, add up the number of participants who consumed at least one meal or supplement in the claim month, and divide by the highest number of days food was served.

Enter the average daily participation and separate by provider type (i.e., Tier I Homes, Tier II Homes, and Tier II Mixed Homes). Sum across to calculate total average daily participation (ADP).

*Example: A total 863 Tier I children divided by 21 days equals 41.1. Round **up** to 42. For this example, the figure 42 should be entered in item 8 Tier I. Tier I, Tier II, and Tier II Mixed ADP's should be added to calculate the Total Average Daily Participation.*

Always round the average daily participation up to the nearest whole number.

Item 9. **Program Enrollment:** Enter the total number of children by tiering category who consumed at least one meal during the claim month and who have an enrollment or eligibility form on file. Sum across to calculate total enrollment.

- Item 10. **Meals Served:** Enter the total number of documented meals served during the claim month by tiering category and meal type. Sum across by meal type to calculate total meals served.
- Item 11. **CACFP Administrative Expenses for this Month:** Report all the allowable costs identified in the agency's administrative budget as expenses (See section 562 in the *Day Care Homes Administrative Manual*). The costs that are shared by CACFP and other funding sources must be prorated to determine the amount chargeable to CACFP. Time-study reports for labor and proration formulas for other costs must be on file. The amount reported must be based on actual allowable expenses, not on the approved administrative budget or administrative reimbursement rates. The reported amount may not be less than one dollar and must be rounded to the nearest whole-dollar amount.
- Item 12. **Child and Adult Care Food Program Administrative Income for this Month:** Report the amount of State Meal reimbursement used for administrative expenses. (Refer to section 512 in the *Day Care Homes Administrative Manual*). Also, report the amount of government monies (i.e., federal, state, and local, excluding CACFP federal reimbursement) restricted to food program administrative costs, any other funding, and any cash donations specified for CACFP that were received for the claim month. Include reimbursement for an organization-wide audit in the month it is received. The funds borrowed from the sponsor's general fund to pay food service costs or expenses on a temporary basis must be documented and clearly identified as a loan to be repaid when the reimbursement is received. This type of transaction is not income. In addition, do not report state meal reimbursement issued to providers. Documentation of the use of state meal reimbursement must be retained for audit purposes.

Note: The Department determines the amount of administrative costs used in the computation of federal administrative reimbursement by deducting the income reported in item 12 from the expenses reported in item 11.

Certification: Before a sponsor may submit its claim, this section must be completed. Enter the printed name and telephone number of the person preparing the claim and the preparation date. An original signature of an authorized official is required along with his or her name and title. The signature of the authorized representative must be in ink. Only original signatures will be accepted.

A claim will be returned for correction if it is not properly completed. Place an original signature on the claim before mailing it to avoid delays in receiving reimbursement.

The official who is authorized by the agency to sign the claim is responsible for reviewing and analyzing meal counts *before submission* to ensure accuracy.

SPECIAL NOTE: An adjusted claim for reimbursement completely voids all previously submitted data for the same claiming period. Therefore, when submitting an adjustment, a sponsor must report all data whether there has been a change or not.

If the sponsor's representative chooses to manually determine the federal and state reimbursement earned for the month, he or she can complete the Monthly Reimbursement Calculation Worksheet in Appendix A-8. The worksheet does not need to be submitted with the claim; it is for reference only.

Claim Corrections

A claim that is resubmitted by a sponsor after CNFS returned it for corrections is a *corrected claim*. A corrected claim is also a claim produced when CNFS advises the sponsor's representative by telephone that a claim must be corrected before it can be processed.

Corrected claims should not be confused with adjusted claims.

A claim will be returned for a correction if it is not properly completed. The following errors are why a claim would be returned for a correction:

- Sites reported exceed approved sites.
- Data are missing.
- Average daily participation exceeds enrollment.
- Summations do not equal total.

A correction letter will be sent along with the returned claim outlining the errors and instructions for resubmitting the claim.

When correcting a claim to be resubmitted to CNFS, a sponsor's claim preparer should take the following steps.

1. Write "correction" on the top of the claim.
2. Include the batch number provided in the correction letter.
3. Mark box A in Item 3. A corrected claim is still an original claim.
4. Fill out the claim completely. No data may be missing.
5. Place zeros in spaces where data were previously reported and no change has occurred. (Day Care Homes claims must not have blank spaces; all spaces not reporting data should be filled in with zeros).
6. Provide an original signature and date on the claim.

Note: Corrections to a claim cannot be made by CNFS staff by way of a telephone conversation. All claim corrections must be made by submitting an original signed corrected claim.

If a correction to your claim is required, payment will be delayed by at least three weeks. If a valid correction is not received from the sponsor by the requested date, the claim will not be paid.

Cash Advance

Public Law 104-193 allows state agencies the option of offering advance payments to CACFP sponsors. A cash advance is a payment made to a sponsor before the reimbursement is received to improve cash flow. Advances are made on the basis of an estimated monthly reimbursement; and a sponsor may choose to receive a full advance, a partial advance, or no advance (Code of Federal Regulations, Section 226.6[b][10]).

Please note that advance funds are *not* start-up funds. A cash advance is financial assistance made available to a sponsor for program costs before the month in which such costs will be incurred. Advance funds must be identified within the agency's accounting system as advance funds and noted as "accounts payable". The advance must be paid back to CDE when an agency terminates the Agreement to Participate, chooses to discontinue the advance, or on demand by USDA or CDE.

The state of California currently offers cash advances calculated on estimated meal reimbursement for child and adult care centers and on estimated administrative reimbursement for family day care homes.

A sponsor may request a cash advance during the initial application to participate in the CACFP or during the renewal process.

When NSD approves the application or renewal, an initial cash advance will be calculated on the basis of the sponsor's budget and payment issued. Thereafter, the sponsor's cash advance will be adjusted on the basis of the sponsor's on actual reimbursement.

Meal Advance (Child and Adult Care Centers)

A meal cash advance is calculated using the current federal reimbursement of "rates times meals" (including cash-in-lieu). The state meal reimbursement is not included in this advance. The advance is calculated on the basis of the number of meals served over a two-month period. This calculated advance is disbursed by CNFS in monthly increments.

For specifics related to sponsor disbursement of advance funds, please consult the administrative manual for child and adult day care centers or your field consultant.

Administrative Advance (Family Day Care Home Sponsors)

An administrative cash advance is calculated on the basis of the estimated administrative reimbursement, "rates times homes". An administrative cash advance can only be used for CACFP administrative expenditures and may be deposited in an interest-bearing account. The interest earned on advance funds is income to the program and must be spent for allowable administrative costs. In addition, the earned interest must be clearly identified in the sponsor's accounting system.

How the Cash Advance System Works

The CACFP payment system adjusts cash advances on the basis of actual meal or administrative reimbursement. The three-month period before the advance adjustment is used to determine the average reimbursement for the period. The average reimbursement is multiplied by two to calculate the advance amount. The calculated advance amount is compared to the previous advance to determine if the sponsor's cash advance will be adjusted downward or upward or remain the same. Overpayments (downward adjustments) are deducted from the next available claims for reimbursement. Overpayment adjustments may cause a payment reduction of 50 percent to 100 percent depending upon the amounts of the overpayment and reimbursement. If the sponsor terminates from the CACFP, the advance is offset from any outstanding claim reimbursements at 100 percent and any remaining balance is invoiced.

Zero Claim

To prevent miscalculation of cash advance, active sponsors that receive a cash advance must submit a zero claim for each month of non participation. A zero claim will allow the cash advance payment system to use a varied method of calculating any cash advance adjustment. If a sponsor does not submit a zero claim, its cash advance calculation will be severely affected.

Cash Advance Cancellation

A sponsor may request to cancel its cash advance at any time. This request must be in the form of a letter stating that the cash advance is no longer desired. This letter should be addressed to the Nutrition Services Division, Resource and Information Management Unit (RIM), and it should state whether the sponsor wishes to have the outstanding cash advance recovered incrementally or fully from future reimbursements.

If a sponsor is terminated or cancels participation in the CACFP, 100 percent of all reimbursements will be withheld to offset any outstanding cash advance. If a balance remains after all claims have cleared, an invoice will be generated for the outstanding amount.

Federal Administrative Reimbursement

Day Care Homes. Day care home sponsors receive administrative reimbursement using the lesser of the following four factors on a year to date basis:

1. The number of approved homes multiplied by the USDA-approved rates.
2. The actual costs of administering the program minus income.
3. The amount of administrative costs approved by CDE in the annual budget.
4. USDA calculation: Administrative costs may not exceed 30 percent annually of administrative and meal reimbursement payments.

Child and Adult Care Centers. Federal reimbursements for administrative costs are not paid to sponsors of child or adult care centers; it is paid only to Day Care Homes.

State Administrative Reimbursement

Day Care Homes. State meal reimbursement is calculated using the current state rate multiplied by 75 percent of the total reimbursable breakfasts and lunches claimed. A sponsor may retain no more than 30 percent of the state meal reimbursement for administrative purposes.

Example: $1,200 \text{ (breakfasts)} + 1,350 \text{ (lunches)} = 2,550 \times .75 \times .1324 = \253.22
 $\$253.22 \times .30 = \$75.97 = \text{the maximum amount of state meal reimbursement that the sponsor may retain.}$

The balance is distributed to providers based on number of meals served.

Child Care Centers. The state meal reimbursement is calculated using the current state rate multiplied by the total number of free and reduced-price breakfasts and lunches served.

Adult Day Care Centers. Adult Day Care Centers are not eligible for state meal reimbursement.

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Appendix

Claim Submission Deadlines

October 2004 Through September 2005

<u>Claim Month</u> (Item 2)	<u>Submission Deadline</u> (Postal cancellation stamp)
October 2004	Monday, Dec. 20, 2004
November 2004	Thursday, Jan. 20, 2005
December 2004	Monday, Feb. 21, 2005
January 2005	Monday, Mar. 21, 2005
February 2005	Wednesday, Apr. 20, 2005
March 2005	Friday, May 20, 2005
April 2005	Monday, Jun. 20, 2005
May 2005	Wednesday, Jul. 20, 2005
June 2005	Monday, Aug. 22, 2005
July 2005	Tuesday, Sep. 20, 2005
August 2005	Thursday, Oct. 20, 2005
September 2005	Monday, Nov. 21, 2005

Fixed Percentage Claiming Method REIMBURSEMENT CLAIM CHECKLIST

This checklist was prepared for and is directed to sponsors' claim preparers to help them complete claims for reimbursement using the Fixed Percentage Claiming Method.

Reporting

- () Item 1. Is a label affixed to the claim form? If no label is available, type or print the sponsor's agreement number, name, and address in the space provided in item 1.
- () 2. Is the month reported in item 2 the claim month, **not** the month the claim was prepared?
- () 3. Is the correct box in item 3 checked?
- () 6. and 8. Did you report sites and operating days? A sponsor's claim cannot be processed without this information. **Remember, a sponsor may only claim reimbursement for meals served at approved sites.**
- () 7. Does the sponsor need to report program enrollment this month? Please refer to the Administrative Manual for detailed instructions.
- () 9. Is the average daily participation rounded **up** to the next whole number? **Never round down the average daily participation.**
- () 10. Did you report the meals served in the correct box?

Audit Checks

- () The average daily participation reported in item 9 cannot be greater than the total enrollment reported in item 7.
- () The number of breakfasts, lunches, or suppers cannot exceed the product of average daily participation multiplied by operating days.
- () The number of supplements reported may not exceed two times the product of average daily participation multiplied by operating days. **Note: Because of the elimination of the fourth meal service enacted by the Personal Responsibility and Work Opportunity Act of 1996, a sponsor may claim no more than two meals and one supplement or one meal and two supplements per child per day. After-School, At-Risk, and Homeless sponsors may claim only one supplement per child per day.**

Certification

- () Is there an **original** signature of an authorized official on the claim? **Carbon, stamped, or photocopied signatures will not be accepted.**

General

- () Is the claim typed or legibly printed?
- () Did you make a copy of the sponsor's claim to submit with the claim form? Copies may be photocopied or carbon. Claims submitted without a copy will be returned unprocessed.

Actual Count Claiming Method REIMBURSEMENT CLAIM CHECKLIST

This checklist was prepared for and is directed to sponsors' claim preparers to help them complete claims for reimbursement using the Actual Count Claiming Method.

Reporting

- () Item 1. Is a label affixed to the claim form? If no label is available, type or print the sponsor's agreement number, name, and address in the space provided in item 1.
- () 2. Is the month reported in item 2 the claim month, **not** the month the claim was prepared?
- () 3. Is the correct box in item 3 checked?
- () 6., 7., & 8. Did you report sites, enrollment by eligibility category, and operating days? The claim cannot be processed without this information. Remember, you may only claim reimbursement for meals served at approved sites.
- () 9. Is the average daily participation rounded up to the next whole number?
Never round down the average daily participation.

Audit Checks

- () The average daily participation reported in item 9 cannot be greater than the total enrollment in item 7.
- () The sum of the free meals plus reduced-price meals plus base-rate meals must equal the total meals reported for each meal type.
- () The number of breakfasts, lunches, or suppers cannot exceed the product of average daily participation multiplied by operating days.
- () The number of supplements reported cannot exceed two times the product of average daily participation multiplied by operating days. **Note: Because of the elimination of the fourth meal service enacted by the Personal Responsibility and Work Opportunity Act of 1996, a sponsor may claim no more than two meals and one supplement or one meal and two supplements per child per day. After-School, At-Risk, and Homeless sponsors may claim only one supplement per child per day.**

Certification

- () Is there an **original** signature of an authorized official on the claim? **Carbon, stamped, or photocopied signatures will not be accepted.**

General

- () Is the claim typed or legibly printed?
- () Did you make a copy of the sponsor's claim to submit with the claim form? Copies may be photocopied or carbon. Claims submitted without a copy will be returned unprocessed.

Day Care Homes REIMBURSEMENT CLAIM CHECKLIST

This checklist was prepared for and is directed to sponsors' claim preparers to help them complete claims for reimbursement using the Actual Count Claiming Method.

Reporting

- () Item 1. Is a label affixed to the claim form? If no label is available, type or print the sponsor's agreement number, name, and address in the space provided in item 1.
- () 2. Is the month reported in item 2 the claim month, **not** the month the claim was prepared?
- () 3. Is the correct box in item 3 checked?
- () 6. Did you report operating days in the box provided to the far right of item 6?
- () 7. Did you report sites by tiering category? Sum across to equal total sites.
Remember, a sponsor may only claim reimbursement for meals served at approved sites.
- () 8. Did you report your average daily participation by site tiering category? Sum across to equal total average daily participation. Round the average daily participation **up** to the nearest whole number? **Never round down for average daily participation.**
- () 9. Did you report the sponsor's enrollment by the correct tiering category as it relates to each tiering meal category? Remember to add together the Tier II High enrollment and the Tier II Mixed children approved for Tier I reimbursement. Likewise add the Tier II Low enrollment and the Tier II Mixed children approved for Tier II reimbursement. Sum across to equal total enrollment.
- () 10. Did you report meals by the correct meal type using the correct tiering meal category? Sum across to equal meal type totals.
- () 11. Did you report administrative expenses? Report whole dollars only.
- () 12. If state reimbursement is retained for administrative expenses, is it reported in item 12?

Audit Checks

- () The total sites reported cannot exceed the sum of Tier I, Tier II High, Tier II Low, and Tier II Mixed sites.
- () The **Tier I, Tier II High, Tier II Low, or total average daily participation** reported in item 8 cannot be greater than the **Tier I, Tier II High, Tier II Low, or Total Enrollment** reported in item 9.
- () The number of tiering breakfasts, lunches, **or** suppers reported cannot exceed the product of tiering enrollment type multiplied by operating days (*i.e., the number of Tier I breakfasts, lunches or suppers must be less than or equal to the product of*

*Tier I enrollment multiplied by the Operating Days; likewise for Tier II High, Tier II Low, **and** total breakfasts, lunches **or** suppers).*

- () The number of tiering supplements reported cannot exceed two times the product of tiering enrollment multiplied by operating days (*i.e., Tier I enrollment multiplied by the operating days cannot exceed two times Tier I Supplements; likewise for Tier II High, Tier II Low and Total Supplements*).

Certification

- () Is there an **original** signature of an authorized official on the claim? **Carbon, stamped, or photocopied signatures will not be accepted.**

General

- () Is the claim typed or legibly printed?
- () Did you make a copy of the sponsor's claim to submit with the original? The copy may be a photocopy or carbon copy. Claims submitted without a copy will be returned unprocessed.

Fixed Percentage Claiming Method Monthly Reimbursement Calculation Worksheet

Use rates applicable to claim year.

Month ____ Year ____

Reimbursement rates change annually. Please consult the USDA Website: www.fns.usda.gov/cnd for current reimbursement rates.

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To compute the fixed percentages, enter the number of participants reported in each eligibility category in item 7 of the claim form on the lines below:

Free

Reduced-Price

Base-Rate

Total Enrollment

Next, convert these numbers in each eligibility category to percentages by individually dividing the number of free, reduced-price, and base-rate participants by the total enrollment. Carry the percentages to **4 decimal places**.

(A) _____ % Free (B) _____ % Reduced-Price (C) _____ % Base-Rate

To compute the **Federal Reimbursement** for meals served by meal type and eligibility category, multiply the percentages computed above for each eligibility category by the total meals served for each meal type, rounding the computed meals to the nearest whole number. Then multiply these computed meals by the federal reimbursement rate using the table below:

(1) Breakfast Total _____ (Item 10 of the claim form)

Breakfast Total		Calculated Percentage		Calculated Meals		Breakfast Rate		Reimbursement
	X	% Free (A)	=	Free Meals (1a)	X	\$ Free	=	\$
	X	% Reduced (B)	=	Reduced Meals (1b)	X	\$ Reduced	=	\$
	X	% Base (C)	=	Base Meals (1c)	X	\$ Base	=	\$

(2) Lunch Total _____ (Item 10 Of The Claim Form)

Lunch Total		Calculated Percentage		Calculated Meals		Lunch Rate		Reimbursement
	X	% Free (A)	=	Free Meals (2a)	X	\$ Free	=	\$
	X	% Reduced (B)	=	Reduced Meals (2b)	X	\$ Reduced	=	\$
	X	% Base (C)	=	Base Meals (2c)	X	\$ Base	=	\$

(3) Supper Total _____ (Item 10 of the claim form)

Supper Total		Calculated Percentage		Calculated Meals		Supper Rate		Reimbursement
	X	% Free (A)	=	Free Meals (3a)	X	\$ Free	=	\$
	X	% Reduced (B)	=	Reduced Meals (3b)	X	\$ Reduced	=	\$
	X	% BASE (C)	=	BASE MEALS (3c)	X	\$ BASE	=	\$

(4) Supplement Total _____ (Item 10 of the claim form)

Supplement Total		Calculated Percentage		Calculated Meals		Supplement Rate		Reimbursement
	X	% Free (A)	=	Free Meals (4a)	X	\$ Free	=	\$
	X	% Reduced (B)	=	Reduced Meals (4b)	X	\$ Reduced	=	\$
	X	% Base (C)	=	Base Meals (4c)	X	\$ Base	=	\$

Total Federal Reimbursement for Meals: \$ _____

To compute the **federal reimbursement** for cash-in-lieu of commodities, multiply the total number of lunches (2) and suppers (3) served by the reimbursement rate:

$$\text{Lunches (2) } \underline{\hspace{2cm}} + \text{Suppers (3) } \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

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To compute the **state reimbursement**, multiply the number of free and reduced-price breakfasts and lunches served by the state reimbursement rate:

$$\text{Free and reduced-price breakfasts and lunches (1a+1b+2a+2b) } \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

California Department of Education
Child Nutrition Fiscal Services

CNFS/CACFP-A-W (Rev. 07/2003)

Actual Count Claiming Method Monthly Reimbursement Calculation Worksheet

Use rates applicable to claim year.

Month _____ Year _____

Reimbursement rates change annually. Please consult the USDA Website: www.fns.usda.gov/cnd for current reimbursement rates.

=====

To compute the **federal reimbursement** for meals by meal type, multiply the meals served (Item 10 of the claim form) by the federal reimbursement rates:

(1) Breakfast Total _____

Breakfast Meals			Rate			Reimbursement
Free	(1a)	X	\$	Free	=	\$
Reduced	(1b)	X	\$	Reduced	=	\$
Base	(1c)	X	\$	Base	=	\$

(2) Lunch Total _____

Lunch Meals			Rate			Reimbursement
Free	(2a)	X	\$	Free	=	\$
Reduced	(2b)	X	\$	Reduced	=	\$
Base	(2c)	X	\$	Base	=	\$

(3) Supper Total _____

Supper Meals			Rate			Reimbursement
Free	(3a)	X	\$	Free	=	\$
Reduced	(3b)	X	\$	Reduced	=	\$
Base	(3c)	X	\$	Base	=	\$

(4) Supplement Total _____

Supplement Meals			Rate			Reimbursement
Free	(4a)	X	\$	Free	=	\$
Reduced	(4b)	X	\$	Reduced	=	\$
Base	(4c)	X	\$	Base	=	\$

Total Federal Reimbursement for Meals = \$ _____

To compute **federal reimbursement** for cash-in-lieu, multiply the total Lunches (2) plus the total suppers (3) by the reimbursement rate:

Lunches (2) _____ + Suppers (3) _____ = _____ X \$ _____ = \$ _____

=====

To compute **state reimbursement**, multiply the number of free and reduced-price breakfasts and lunches served by the state reimbursement rate:

Free and reduced-price breakfasts and lunches (1a+1b+2a+2b) _____ X \$ _____ = \$ _____

Sponsors of Independent Centers Using the Actual Count Claiming Method Monthly Reimbursement Calculation Worksheet

Use rates applicable to claim year.

Month _____ Year _____

Reimbursement rates change annually. Please consult the USDA Website: www.fns.usda.gov/cnd for current reimbursement rates.

=====

To compute the **federal reimbursement** for meals by meal type, multiply the meals served (Item 10 of the claim form) by the federal reimbursement rates:

(2) Breakfast Total _____

Breakfast Meals		Rate		Reimbursement
Free (1a)	X	\$ Free	=	\$
Reduced (1b)	X	\$ Reduced	=	\$
Base (1c)	X	\$ Base	=	\$

(2) LUNCH TOTAL _____

Lunch Meals		Rate		Reimbursement
Free (2a)	X	\$ Free	=	\$
Reduced (2b)	X	\$ Reduced	=	\$
Base (2c)	X	\$ Base	=	\$

(3) Supper Total _____

Supper Meals		Rate		Reimbursement
Free (3a)	X	\$ Free	=	\$
Reduced (3b)	X	\$ Reduced	=	\$
Base (3c)	X	\$ Base	=	\$

(4) Supplement Total _____

Supplement Meals		Rate		Reimbursement
Free (4a)	X	\$ Free	=	\$
Reduced (4b)	X	\$ Reduced	=	\$
Base (4c)	X	\$ Base	=	\$

Total Federal Reimbursement for Meals = \$ _____

To compute **federal reimbursement** for cash-in-lieu, multiply the total Lunches (2) plus the total suppers (3) by the reimbursement rate:

$$\text{Lunches (2) } \underline{\hspace{2cm}} + \text{Suppers (3) } \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

=====

To compute **state reimbursement**, multiply the number of free and reduced-price breakfasts and lunches served by the state reimbursement rate:

$$\text{Free and reduced-price breakfasts and lunches (1a+1b+2a+2b) } \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Day Care Homes Monthly Reimbursement Calculation Worksheet

Use rates applicable to claim year.

Month _____ Year _____

Reimbursement rates change annually. Please consult the USDA Website: www.fns.usda.gov/cnd for current reimbursement rates.

=====

To compute the **federal reimbursement** for meals by meal type, multiply the meals served (item 10 of the claim form) by the federal reimbursement rate:

Tier I Meals

Tier I Meals		Tier I Rates		Reimbursement
Breakfasts (1)	X	\$	=	\$
Lunches (2)	X	\$	=	\$
Suppers	X	\$	=	\$
Supplements	X	\$	=	\$

Total Federal Tier I Reimbursement for Meals = \$ _____

Tier II High Meals

Tier II High Meals		Tier II High Rates		Reimbursement
Breakfasts (1)	X	\$	=	\$
Lunches (2)	X	\$	=	\$
Suppers	X	\$	=	\$
Supplements	X	\$	=	\$

Total Federal Tier II High Reimbursement for Meals = \$ _____

Tier II Low Meals

Tier II Low Meals		Tier II Low Rates		Reimbursement
Breakfasts (1)	X	\$	=	\$
Lunches (2)	X	\$	=	\$
Suppers	X	\$	=	\$
Supplements	X	\$	=	\$

Total Federal Tier II Low Reimbursement for Meals = \$ _____

Total Federal Reimbursement for Meals = \$ _____

=====

To compute the **state reimbursement** for meals, add the total number of breakfasts (1) for all tiers and lunches (2) for all tiers, multiply by 75%, then multiply by the state reimbursement rate:

Breakfasts (1) + lunches (2) = _____ X 0.75 = _____ X \$ _____ = \$ _____

**Corrective Action Plan to Accompany a Request for Payment
For a Late Claim for Child Nutrition Reimbursement
Under the One-Time Exception Category**

Please type or print information or affix label	Agreement no.:
	Sponsor name:
	Sponsor address:

Child Nutrition Program (check one):

☐

Child Care Food Program

☐

Adult Day Care Food Program

☐

School Nutrition Program

☐

Summer Food Service Program

Month and Year of Late Claim: _____ / _____

1. Explain in detail the problem(s) that contributed to the claim being late.
(Use an additional page if needed.)

2. Detail the actions the sponsor is are taking to avoid a late claim in the future.
(Use additional page if needed.)

Sponsor certification: By signing this form below we understand that this one-time request will be granted only if this Corrective Action Plan is approved by NSD and that only one late claim can be granted under this one-time category every three years.

Signatures

Person who is responsible for completing
and submitting claims each month:

Person who signed the Agreement with NSD
to operate the Child Nutrition Program:

Signature:	Signature:
Print Name:	Print Name:
Date:	Date:
Telephone:	Telephone:

Return to:

California Department of Education
Fiscal and Administrative Services Division
1430 N Street, Suite 2213
Sacramento, CA 95814

Claim for Reimbursement Child and Adult Care Food Program Fixed Percentage Claiming Method

Note: Please submit an original and one copy of the claim by the claim submission date of the 10th day of the month following the month claimed. In addition, all claims (original, adjusted, or corrected) must be postmarked by the 20th day of the second month following the month claimed in order to be considered for payment.

All claims must be submitted along with a copy.

1. Affix the mailing label in the space provided below. (If a label is not available, fill in the sponsor's agreement number, name, and address.)

Agreement Number:

```

graph LR
    Node1[10] --> Node2[20]
    Node2 --> Node3[30]
    Node3 --> Node4[40]
    Node4 --> NULL[NULL]
  
```

Retain a copy for the sponsor's files.

2. Month covered by this report:	Month	Year

3.

- ☐ A. This is an original claim.
- ☐ B. This is an adjusted claim.
- ☐ C. No reimbursement will be claimed this month.

Items 4 and 5 for State use only.

4. Adjustment Number	5. Reason Code
----------------------	----------------

6. The number of approved sites that operated during this month:.....

7. Program Enrollment (See instructions in the administrative manual before completing this item.)	Number of participants eligible for free meals	Number of participants eligible for reduced-price meals	Number of participants eligible for base-rate meals	Total

8. The number of days that program meals were served this month:.....

9. Average daily participation (round up the next whole number):

[illegible]

Breakfast	
-----------------	--

Lunch.....	
------------	--

Supper	
--------	--

Supplements	
-------------	--

	Total Meals	
--	-------------	--

I certify that to the best of my knowledge this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); and that I have not received payment for this claim.

Name of claim preparer (please print):	Telephone number of claim preparer: Extension () ()	Date:
--	---	-------

Signature of authorized official:	Name of authorized official:	Title of authorized official:
-----------------------------------	------------------------------	-------------------------------

Return to:

California Department of Education
Fiscal and Administrative Services Division
1430 N Street, Suite 2213
Sacramento, CA 95814

Claim for Reimbursement Child and Adult Care Food Program Actual Count Claiming Method

Note: Please submit an original and one copy of the claim by the claim submission date of the 10th day of the month following the month claimed. In addition, all claims (original, adjusted, or corrected) must be postmarked by the 20th day of the second month following the month claimed in order to be considered for payment.

All claims must be submitted along with a copy.

Retain a copy for the sponsor's files.

3. Affix the mailing label in the space provided below. (If a label is not available, fill in the sponsor's agreement number, name, and address.) Agreement Number: — — _____ _____ _____				4. Month covered by this report: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Month</td> <td style="width: 50%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> </td> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> </td> </tr> </table>		Month	Year	<div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>
Month	Year								
<div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>								
3. <input type="checkbox"/> A. This is an original claim. <input type="checkbox"/> B. This is an adjusted claim. <input type="checkbox"/> C. No reimbursement will be claimed this month.									
Items 4 and 5 for State use only.									
4. Adjustment Number		5. Reason Code							
6. The number of approved sites that operated during this month:.....									
7. Program Enrollment <small>(See instructions in the administrative manual before completing this item.)</small>	Number of participants eligible for free meals	Number of participants eligible for reduced-price meals	Number of participants eligible for base-rate meals						
			Total						
8. The number of days that program meals were served this month:.....									
9. Average daily participation (round up the next whole number):.....									
10. Meals Served	Free	Reduced-price	Base-rate						
			Total						
Breakfast									
Lunch									
Supper									
Supplements									
I certify that to the best of my knowledge this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); and that I have not received payment for this claim.									
Name of claim preparer (please print):		Telephone number of claim preparer: Extension ()							
Signature of authorized official:		Name of authorized official (please print):							
Date:		Title of authorized official:							

Return to:

California Department of Education
Fiscal and Administrative Services Division
1430 N Street, Suite 2213
Sacramento, CA 95814

**Claim for Reimbursement
Child and Adult Care Food Program
Actual Count Claiming Method
for Sponsors of Independent Centers**

Note: Please submit an original and one copy of the claim by the claim submission target date of the 10th day of the month following the month claimed. In addition, all claims (original, adjusted, or corrected) must be postmarked by the 20th day of the second month following the month claimed in order to be considered for payment.

All claims must be submitted along with a copy.

Retain a copy for the sponsor's files.

5. Affix the mailing label in the space provided below. (If a label is not available, fill in the sponsor's agreement number, name, and address.)

Agreement Number:

6. Month covered by this report:

Month	Year
<input type="text"/>	<input type="text"/>

3. ☐ A. This is an original claim.
☐ B. This is an adjusted claim.
☐ C. No reimbursement will be claimed this month.

Items 4 and 5 For State use only.

4. Adjustment Number

5. Reason Code

6. The number of approved sites that operated during this month:.....

7. Program Enrollment

(See instructions in the administrative Manual before completing this item).

Number of participants eligible for free meals

Number of participants eligible for reduced-price meals

Number of participants eligible for base-rate meals

Total

8. The number of days the program meals were served this month:.....

9. Average daily participation (round up the next whole number):.....

10. Meals Served

Free

Reduced-Price

Base-rate

Total

Breakfast

Lunch

Supper

Supplements

11. Administrative expenses for this month (Round to the nearest dollar, do not report cents):

\$

12. Administrative income for this month (Round to the nearest dollar, do not report cents):

\$

I certify that to the best of my knowledge this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); and that I have not received payment for this claim.

Name of claim preparer (please print):

Telephone number of claim preparer:

Date:

()
Extension ()

Signature of authorized official:

Name of authorized official (please print):

Title of authorized official:

Return to:

California Department of Education
Fiscal and Administrative Services Division
1430 N Street, Suite 2213
Sacramento, CA 95814

Claim for Reimbursement Child and Adult Care Food Program Day Care Homes

Note: Please submit an original and one copy of the claim by the claim submission date of the 10th day of the month following the month claimed. In addition, all claims (original, adjusted, or corrected) must be postmarked by the 20th day of the second month following the month claimed in order to be considered for payment.

All claims must be submitted along with a copy.

Retain a copy for the sponsor's files.

7. Affix the mailing label in the space provided below. (If a label is not available, fill in the sponsor's agreement number, name, and address.)					8. Month covered by this Report:		Month	Year
Agreement Number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>					3. <input type="checkbox"/> A. This is an original claim. <input type="checkbox"/> B. This is an adjusted claim. <input type="checkbox"/> C. No reimbursement will be claimed this month.			
Items 4 and 5 For State use only.								
4. Adjustment Number						5. Reason Code		
6. The number of days program meals were served this month:								
		Tier I	Tier II High	Tier II Low	Tier II Mixed	Total		
7. Approved sites that operated this month:								
8. Average Daily Participation (Round up):								
		Tier I Enrollment	Tier II High Enroll.	Tier II Low Enroll.	Total Enrollment			
9. Program Enrollment								
		Tier I	Tier II High	Tier II Low	Total Meals			
10. Meals Served								
Breakfast								
Lunch								
Supper								
Supplements								
11. Administrative expenses for this month (round to the nearest dollar):							\$	
12. Administrative income for this month (round to the nearest dollar):							\$	
I certify that to the best of my knowledge this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); and that I have not received payment for this claim.								
Name of claim preparer (please print):			Telephone number of claim preparer: Extension ()			Date:		
Signature of authorized official:			Name of authorized official (please print):			Title of authorized official:		